

DESIGNATION OF BENEFICIARY  
Approved For Release 2002/01/31 : CIA-RDP57-00384R000500140007-7

UNPAID COMPENSATION OF  
DECEASED CIVILIAN EMPLOYEE

IMPORTANT  
See instructions  
on back of Duplicate  
before filling in this Form

INFORMATION CONCERNING THE EMPLOYEE:

NAME- (Last) (First) (Middle) Date of Birth (Mo., Day, Year)

Department or Agency in which employed

(Department or Agency)

(Bureau)

(Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in Section 2 of the Act of August 3, 1950, Public Law 636, and in nowise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above Department or Agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each Beneficiary.	Type or print address of each Beneficiary	Relationship	Share to be paid to each Beneficiary

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

(Date of Execution - Month, Day, Year)

(Signature of Employee)

WITNESSES TO SIGNATURE:

(Signature of Witness)

(Number and Street)

(City, Zone No. and State)

(Signature of Witness)

(Number and Street)

(City, Zone No. and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

THIS SPACE RESERVED FOR RECEIVING DATA  
OF EMPLOYING AGENCY

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE EMPLOYING AGENCY - BOTH COPIES MUST BE NOTED AND RETURNED

(Note - Face of Duplicate identical in form and content to Face of the Original.)

**IMPORTANT** - The filing of this Form will completely cancel any Designation you may have previously filed.  
Be sure to name in this Form all persons you wish to designate as Beneficiaries of any Unpaid Compensation payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY -

Type or print first name, middle initial, and last name of each Beneficiary	Type or print address of each Beneficiary	Relationship	Share to be paid to each Beneficiary
Catherine M. Jackson *	2808 Southern Avenue, Williams, Ind	Sister	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY -

Type or print first name, middle initial, and last name of each Beneficiary	Type or print address of each Beneficiary	Relationship	Share to be paid to each Beneficiary
Susan L. Brown **	110 Prince Street, Anniston, N.Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N.Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY -

Type or print first name, middle initial, and last name of each Beneficiary	Type or print address of each Beneficiary	Relationship	Share to be paid to each Beneficiary
William J. Johnson, if living	244 South Ann Street, Olney, Ga.	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street, Olney, Ga.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW -

Type or print first name, middle initial, and last name of each Beneficiary	Type or print address of each Beneficiary	Relationship	Share to be paid to each Beneficiary
Cancel Prior Designations			

\* Do not write name as C. M. Jackson or as Mrs. John H. Jackson  
\*\* Be sure that the Shares to be paid to the several Beneficiaries add up to 100%

**IMPORTANT Notice - Order of Precedence**  
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If there is no designated beneficiary living, any unpaid compensation which becomes payable after the death of an employee will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

1. To the widow or widower.
2. If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
4. If there be none of the above, to the duly appointed legal representative of the estate of the deceased employee, or if there be none, to the person or persons determined to be entitled thereto under the laws of the domicile of the deceased employee.

It is not necessary for any employee to designate a beneficiary unless he wishes to name some person or persons not included above, or in a different order.

**INSTRUCTIONS**

1. The examples printed on the back of the first page of this form may be helpful in executing the Designation of Beneficiary.
2. All entries on the form except signatures should be typed or printed in ink (typewriting preferred). All designations of beneficiary or beneficiaries should be executed on the prescribed form of Designation of Beneficiary, Standard Form No. 1152, and must be signed and witnessed.
3. Complete the form in duplicate and file with the agency in which employed. A Designation of Beneficiary must be received by the employing agency prior to the death of the designating employee to be valid. The Duplicate will be noted and returned to the employee as evidence that the original has been received and filed. It is suggested that the Duplicate be filed with the employee's important papers.
4. Cancellation of a prior Designation of Beneficiary may be effected without the naming of a new beneficiary by executing a new Designation of Beneficiary, Standard Form No. 1152, and inserting in the space provided for name of beneficiary the words, "Cancel Prior Designations". The effect of this action will require payment to be made in the order of precedence stated above.
5. A designation will remain valid only as long as the employee remains continuously employed in the same agency. In case of separation and reemployment, or transfer to another agency, a new Designation of Beneficiary should be executed if the order of precedence established by the act is not acceptable. It is not necessary to file a new designation where the name or address of the employee or of beneficiary is changed.
6. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.
7. In the absence of the prescribed form, any designation, change, or cancellation of beneficiary witnessed and filed in accordance with the general requirements of these instructions shall be acceptable.

This Designation of Beneficiary Form is to be used solely for the disposition of Unpaid Compensation at death of a civilian employee and is not to be confused with Standard Form No. 2808, Designation of Beneficiary, Civil Service Retirement System. The latter form, distinguished by its yellow color, is to be used only for the disposition of Death Benefits, which may be due and payable under the Civil Service Retirement Act of May 29, 1930, as amended.

CLAIM OF DESIGNATED BENEFICIARY AND/OR SURVIVING SPOUSE  
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FOR UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

1. I, \_\_\_\_\_, hereby make claim for the amount of UNPAID COMPENSATION due from the United  
(Type or print name)  
States or the District of Columbia in the case of \_\_\_\_\_ who died on the \_\_\_\_\_  
(Name of Decedent)  
day of \_\_\_\_\_, 19\_\_\_\_, while employed by \_\_\_\_\_  
(Department and Bureau, Agency, or Establishment)

2. Do you certify that to the best of your knowledge and belief you are the person designated by the de-  
cedent to receive the UNPAID COMPENSATION due at his death? \_\_\_\_\_ If answer is "YES", disregard  
3 below. If you are a minor, state your age \_\_\_\_\_.

3. Do you certify that you were married to the decedent and to the best of your knowledge and belief that  
the marriage was not dissolved prior to the death of the employee? \_\_\_\_\_

SIGN THIS FORM IN THE SPACE PROVIDED BELOW FOR CLAIMANT'S SIGNATURE, HAVE YOUR SIGNATURE  
WITNESSED BY TWO PERSONS WELL ACQUAINTED WITH YOU, AND FORWARD THE COMPLETED FORM TO THE  
GOVERNMENT AGENCY IN WHICH THE DECEASED WAS EMPLOYED AT TIME OF DEATH.

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent  
claims against the United States or the making of false statements in connection therewith.

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address of Claimant)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above \_\_\_\_\_, and that  
(Name of Claimant)  
signature of the claimant was affixed in our presence.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Address of Witness)

\_\_\_\_\_  
(Address of Witness)

ALL FEDERAL CHECKS IN THE POSSESSION OF THE CLAIMANT, DRAWN TO THE ORDER OF THE DECEDENT IN PAYMENT  
OF COMPENSATION IN THE AGENCY SHOWN ABOVE, SHOULD ACCOMPANY THIS CLAIM.

STANDARD FORM NO. 1154  
Form prescribed by  
Comp. Gen., U.S.  
October 1950

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PUBLIC VOUCHER  
FOR UNPAID COMPENSATION  
DUE A  
DECEASED CIVILIAN EMPLOYEE

Bur. Vou. No. \_\_\_\_\_

PAID BY

(Department and Bureau, Agency, or Establishment)

(Location)

(For use of Paying Office)

This block NOT to be used when supported by claim on Standard Form No. 1155

NAMES AND ADDRESSES OF PAYEES

AMOUNT

TOTAL

Amount of Unpaid Compensation due \_\_\_\_\_,  
a civilian employee of the United States or the District of Columbia who died on the  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Net Amount Due as per summary on the reverse hereof \$ \_\_\_\_\_

Pursuant to authority vested in me, I certify that the items listed herein are correct and proper for  
payment from the appropriation(s) and/or fund(s) indicated below.

(Authorized Certifying Officer)

Date \_\_\_\_\_

Title \_\_\_\_\_

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, limita- tion, or project symbol	Appropriation title	Limit'n or Proj't Amount	Appropriation Amount

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by checks drawn on the Treasurer of the United States in favor of the payee(s) named, as follows:

Check Number \_\_\_\_\_ through \_\_\_\_\_

If payment is made in cash, the receipt of each payee so paid should be obtained and attached to the voucher.

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(Note- Memorandum Copy identical to Original except for elimination of the Certificate.)

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## OF DECEASED CIVILIAN EMPLOYEE

(No Designated Beneficiary or Surviving Spouse)

1. If we, the undersigned, hereby make claim as \_\_\_\_\_ for amounts due from the  
(Relationship)  
United States or the District of Columbia in the case of \_\_\_\_\_  
(Name of Decedent)  
who died on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

2. At the time of death the decedent was a legal resident of \_\_\_\_\_, State of \_\_\_\_\_,  
and was employed by the United States or the District of Columbia as follows:

(Department and Bureau, Agency, or Establishment)

3. The deceased is survived by the following:

Widow or widower (if none, so state):

Name

Children (Show each living child of the deceased. If none, so state):

Name of Child

Age

Address

Grandchildren (List ONLY the children of DECEASED CHILDREN. If none, so state):

Name, Age, and Address

Name of Deceased Parent

(If paragraph 3 is executed by or on behalf of children or grandchildren of the deceased, disregard paragraphs 4, 5, 6, 7, and 8)

4. IF NO CHILD OR GRANDCHILD SURVIVES, ENTER BELOW THE NAME AND ADDRESS OF EACH SURVIVING PARENT.  
(If none, so state)

Name of Parent

Address

MOTHER-

FATHER-

(If you are the surviving parent(s) of the deceased, disregard paragraphs 4, 5, 6, 7, and 8)

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IF NONE OF THE ABOVE SURVIVES AND AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED,  
THE FOLLOWING STATEMENT SHOULD BE COMPLETED.

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5. I/we have been duly appointed \_\_\_\_\_ of the estate of the deceased, as evidenced  
(Executor or Administrator)

by certificate of appointment herewith, administration having been taken out in the interest of

\_\_\_\_\_  
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE: If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted. (If you are the executor or administrator of the estate of the deceased, disregard paragraphs 6, 7, and 8)

IF NONE OF THE ABOVE SURVIVES AND NO EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED,  
THE FOLLOWING INFORMATION SHOULD BE FURNISHED:

6. Brothers and sisters (If none, so state):

Name

Age

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Nephews and nieces (List ONLY the children of DECEASED brothers and sisters. If none, so state):

Name, Age, and Address

Name of Deceased Parent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have the funeral expenses been paid? \_\_\_\_\_ (If paid, receipted bill of the undertaker must be  
(Yes or No) attached hereto.)

Whose money was used to pay the funeral expenses? \_\_\_\_\_

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above \_\_\_\_\_, and that  
signature(s) of the claimant(s) was(were) affixed in our presence. (Names of claimants)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

ALL FEDERAL CHECKS IN POSSESSION OF THE CLAIMANT, DRAWN TO THE ORDER  
OF THE DECEDENT, SHOULD ACCOMPANY THE CLAIM.

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(Reverse of Standard Form No. 1155.)

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